



J. R. Simplot Company  
www.simplot.com

# APPLICATION FOR EMPLOYMENT

*An equal opportunity employer*

PLEASE PRINT OR TYPE - You may request any needed accommodation to participate in the application process.

## PERSONAL

Name _____ (Last) (First) (Middle)			Date _____
Address _____ (Street) (City) (State) (Zip Code)			
Home Phone ( ) _____		Bus Phone ( ) _____	
Other Phone ( ) _____			
Social Security Number _____		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Referred by: _____			
List any Company Employees Related to You _____			
Have you ever worked for this Company, <input type="checkbox"/> Yes If yes, indicate where or any of its subsidiaries or affiliates? <input type="checkbox"/> No and reason for leaving _____			
Have you, since the age of 18 or within the last 7 years <input type="checkbox"/> Yes If yes, (whichever is most recent), been convicted of a felony? <input type="checkbox"/> No explain briefly: _____			
Are you eligible to work <input type="checkbox"/> Yes in the United States? <input type="checkbox"/> No		Have you served in the U.S. <input type="checkbox"/> Yes or Canadian Armed Forces? <input type="checkbox"/> No	
Special Training received in Military: _____			

## JOB INTERESTS/SKILLS

Position(s) applied for _____		Type of employment requested <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Internship	
Salary Required _____ (HR/YR)		Check the appropriate box, if you willing to work: <input type="checkbox"/> Shift Hours <input type="checkbox"/> Overtime <input type="checkbox"/> Weekends	
Earliest Date Available ____ / ____ / ____		Preferred Geographic Location(s): _____	
Specialized Skills: <input type="checkbox"/> Software (specify): _____			
<input type="checkbox"/> Typing _____ (wpm) <input type="checkbox"/> Production or Heavy _____			
<input type="checkbox"/> 10-key (by touch) _____ Equipment (specify): _____			
<input type="checkbox"/> Computer (PC) <input type="checkbox"/> Other (specify): _____			
Please list any additional information you feel may be helpful to us in considering your application: _____ _____ _____			

## EDUCATION

Type of School	Name and Location	Course of Study	# Yrs	GPA	Graduated?	Degree, Certificate, or Honors Received
High School						
College or University						
Business/Trade School						
Other Education						

**EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)**

if more space is required, attach additional sheet

Employer Name/Address/Phone #:	Supervisor Name and Title	Dates Employed
		From To
( )	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	Hourly Rate/Salary
Work Performed:	Starting Job Title	Hourly Rate/Salary
	Ending Job Title	
Reason for leaving		

Employer Name/Address/Phone #:	Supervisor Name and Title	Dates Employed
		From To
( )	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	Hourly Rate/Salary
Work Performed:	Starting Job Title	Hourly Rate/Salary
	Ending Job Title	
Reason for leaving		

Employer Name/Address/Phone #:	Supervisor Name and Title	Dates Employed
		From To
( )	May we contact for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>	Hourly Rate/Salary
Work Performed:	Starting Job Title	Hourly Rate/Salary
	Ending Job Title	
Reason for leaving		

**REFERENCES** - List at least three people who are qualified to evaluate your capabilities; do not include relatives or past supervisors

Name	Occupation	Phone	Years Known

Please read the following statements carefully, and acknowledge your agreement by signing below. Only signed and dated applications are considered valid.

I authorize the company to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by this company. I voluntarily give the company the right to conduct a complete background investigation and agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or organizations supplying lawful information. The J. R. Simplot Company is hiring in compliance with the Immigration Reform and Control Act. The completion of the I-9 IRCA Form is a prerequisite for employment. I understand that I will be required to produce documents proving my eligibility to work within the United States. I agree to conform to the rules and regulations established by the J. R. Simplot Company. I understand that an offer of employment is not an employment contract, and that I or the Company may terminate an employment relationship at any time. If employed, I consent to take any job-related physical examination, simulation and/or drug and alcohol tests as may be required by the company. An offer of, or continued, employment may be contingent upon successfully passing these examinations, simulations and/or tests. I hereby agree that, if employed, I will not divulge any information confidential to this company or any of its subsidiaries or affiliates while employed or at any time thereafter. I certify that the answers given by me in this application are correct and complete. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I have read and understand the foregoing statements and accept the same as conditions of employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Applicant/Post-Employment Self-ID

### INVITATION TO SELF IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

Federal regulations require the J.R. Simplot Company to provide you an opportunity to self-identify for recordkeeping and reporting purposes. Providing this information is entirely optional and voluntary; disclosure or refusal to complete this form will not subject you to any adverse treatment. You may self-identify or request to benefit under the Company's Affirmative Action Program now or at any time in the future. The information will be kept confidential, separate from hiring decisions and personnel records, and will be used only in accordance with the above regulations.

*\*If you choose not to self-identify, the J.R. Simplot Company will, where possible, use visual observation or other available information as an alternative method for designating your gender and race/ethnicity data (for post-hire employees only).*

#### PLEASE CHECK THE BOX THAT APPLIES TO YOU:

Gender: ☐ Female ☐ Male ☐ Choose not to self-ID\*

- Race/Ethnic Group: (Choose one) ☐ **Hispanic or Latino** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ☐ **Asian** (Not Hispanic or Latino) - All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example., Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **Native Hawaiian or Pacific Islander** (not Hispanic or Latino) – All persons having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **American Indian or Alaskan Native** (Not Hispanic or Latino) – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Black or African American** (Not Hispanic or Latino) – All persons having origins in any of the Black racial groups of Africa.
- ☐ **White** (Not Hispanic or Latino) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- ☐ **Two or More Races** – Two or more races as defined above not including Hispanic or Latino.

Choose not to self-ID\* ☐ I choose not to self-ID

#### Veterans – PLEASE CHECK EACH BOX BELOW IF IT APPLIES TO YOU:

- Armed Forces Services Medal Veteran** ☐ Veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.
- Other Protected Veteran** ☐ Veterans who served on active duty in the U.S. military during a war or in a campaign or expedition for which a campaign badge has been authorized.
- Choose not to self-ID\* ☐ I choose not to self-ID
- Other Veteran** ☐ Military service not categorized above.
- Discharge Date**, if applicable: If this date is within 36 months from discharge or release from active duty, you are determined to be a Newly Separated Veteran.  
(MM/DD/YYYY)
- Do you qualify as a Disabled Veteran?** A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (ii) a person who was discharged or released from active duty because of a service-connected disability.
- No ☐ Yes ☐

#### Please sign below:

Employee's Printed Name

Employee's Signature

Date

HR USE ONLY: Employee has declined to self-identify. It was possible to use visual observation and/or employment records to designate gender and race/ethnicity.

HR Representative Printed Name

HR Representative Signature

Date